

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/048038

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	DEP.	2nd AMENDMENT	DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2	/				
3	/				
4	/				
5	/				
6					
7	/				
8	/				
9	/				
10					
11	10				
12	/				
13	/				
14	/				
15	/				
16	/				
17	/				
18	/				
19	/				
20	8				
21	/				
22	/				
23	/				
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29	/				
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39	/				
40	/				
41	/				
42	/				
43	/				
44	/				
45	/				
46	/				
47	/				
48	/				
49	/				
50	/				
TOTAL	9				
TOTAL IND.					
TOTAL DEP.					
TOTAL INC.					

TOTAL

IND.

DEP.

INC.

100

1 MAY 22 - 89 FOR ADDITIONAL CLAIMS OR AMENDMENTS

15805-15-701